



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

## APPLICATION TO OPERATE AN EXEMPT YOUTH ATHLETIC CONCESSION STAND

This form is to be completed and returned to the Fairfax County Health Department at least ten days prior to the event (s). Permit will be *emailed* after review of application is completed.

\_\_\_\_\_  
(Name of League, Team or Booster Group)

\_\_\_\_\_  
(Location Name of Proposed Food Stand - name of park, pool, school, etc.)

\_\_\_\_\_  
(Address of Proposed Food Stand)

LIST THE EVENTS, DATES AND TIMES THE FOOD STAND WILL OPERATE. IF AVAILABLE, YOU MAY INCLUDE A PRINTED SCHEDULE OF GAMES.

NAME OF EVENTS	DATES FOOD STAND WILL OPERATE	DAYS OF THE WEEK	TIMES OF OPERATION
		S M T W R F S	
		S M T W R F S	
		S M T W R F S	
		S M T W R F S	
		S M T W R F S	
		S M T W R F S	
		S M T W R F S	
		S M T W R F S	
		S M T W R F S	
		S M T W R F S	

### Fairfax County Health Department

Division of Environmental Health

Food Safety Section

10777 Main Street, Suite 111, Fairfax, VA 22030

Phone: 703-246-2444 TTY: 711 Fax: 703-385-9568

[www.fairfaxcounty.gov/hd](http://www.fairfaxcounty.gov/hd)



**LIST ALL FOOD ITEMS TO BE OFFERED AT THE CONCESSION STAND:**

<b>FOOD AND BEVERAGES</b>	<b>WHERE PREPARED (ON-SITE, RESTAURANT,ETC)</b>

**LIST NAME OF VOLUNTEER(S) THAT HAVE COMPLETED A FOOD SAFETY WORKSHOP:**

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*I have read and understand the requirements of Article 6 of Chapter 43.1, Food and Food Establishments, of the Fairfax County Code regarding operation of an exempt youth athletic concession stand. I understand that the Health Department may cease operation of an exempt youth athletic concession stand if the stand is found operating in an unsafe manner.*

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Applicant Signature

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Print Applicant Name

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Applicant Mailing Address

City

Zip

Daytime Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_